

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 584859

FILING DATE

APPLICANT(S)

Art. 34 Pre-Amend. CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		
3		2		1		
4	1		1		1	
5	1		1		1	
6	1		1		1	
7	1		1		1	
8	1		1		1	
9	1					
10	1		1		1	
11	1		1		1	
12		1				
13		2				
14	1					
15	1					
16	1					
17	1					
18		1				
19		2				
20	1					
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50						
TOTAL IND.	3		3		3	
TOTAL DEP.	21	←	8	←	8	←
TOTAL CLAIMS	24		11		11	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						